

## Foster Family Home - Corrective Action Report

Provider ID: 1-100086

Home Name: Josephine Jacinto, CNA

Review ID: 1-100086-6

94-479 Hiapaiole Loop

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/10/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/10/19. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling Rv  
Compliance Manager

Josephine Jacinto  
Primary Care Giver

6/10/19  
Date

6/10/19  
Date